



## VIGO COUNTY HEALTH DEPARTMENT

Environmental Health Division

147 Oak Street • Terre Haute, Indiana 47807

Phone (812) 462-3281 • Fax (812) 234-1010

January 5, 2008

To Whom It May Concern:

Congratulations on your decision to open a new business in Vigo County. This packet of information will aid you in meeting food permit requirements.

Please allow enough time for a detailed plan review, as last minute changes can be costly. An average time frame of **30 days** should be allowed; from the time our department receives your **completed** plan review packet, until you receive your food permit for your establishment.

Please submit the following completed information:

- A copy of any and all menu items
- A copy of an approved Food Handlers Certificate
- A set of properly prepared plans and specifications
- The Plan Review Application and Application Fee

A letter will be mailed indicating any changes in the establishment that need to be made to bring the facility into compliance with the Retail Food Establishment Sanitation Requirements, Title 410 IAC 7-24. It is advisable that construction of the establishment begins only after the plans have been received and approved by our department. Upon completion of construction, please call the Vigo County Health Department to schedule a pre-opening inspection. This inspection will confirm that the establishment was designed according to the approved plans. Please allow **at least one week** prior to opening your establishment for this inspection.

If you have any questions or concerns, please call the Vigo County Health Department at (812) 462-3281.

Sincerely,

Travella J. Myers  
Environmental Health Supervisor

Plan Review and two pre-opening inspections

\$100.00

# Vigo County Health Department

## Plan Review Application

Please answer all of the following questions completely.

Should you have any questions, please contact our department at (812) 462-3281.

Project Name:			
Address:		Telephone Number:	
		Fax:	
Owner Name and Address:		Telephone Number:	
Architect/ Engineer Name and Address:		Telephone Number:	
Name and number of person to contact for plan review questions:			
Projected Start Date:		Projected Completion Date:	
<b>Contents and Specifications for Facility and Operating Plans:</b> (Check what has been submitted)		<b>Included</b>	
		<b>Yes</b>	<b>No</b>
Copy of the Intended Menu			
Blue Prints (Proposed layout, mechanical schematics, construction materials, finishing schedule, and list of equipment)			
List of distributors/ suppliers and their phone numbers			
Food Handlers Certificate      Test Taken: _____			
Employee: _____ Date Taken: _____			
Plan Review Application and Application Fee <i>*Note: This does not include the annual Food Establishment Permit Fee.</i>			

Number of floors on which operations are conducted: \_\_\_\_\_

Maximum meals to be served: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ (approximate number)

Type of service (check all that apply): Sit down meals \_\_\_\_\_ Caterer \_\_\_\_\_

Mobile vendor \_\_\_\_\_ Take out \_\_\_\_\_ Other \_\_\_\_\_

Who (name and job title) will be your certified food handler? (Title 410 IAC 7-22)

\_\_\_\_\_

How will employees be trained in food safety? (Sec. 119 of Title 410 IAC 7-24)

\_\_\_\_\_

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*The following procedures/questions should be considered before any further planning/construction begins or continues to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). Please indicate by either checking or completing the answers whether or not a section applies to your operation. All section numbers can be found in the Indiana State Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24.*

### **FOOD**

1. Will there be any home prepared, canned, or donated food items? (Sec. 142) Yes \_\_\_\_\_ No \_\_\_\_\_

2. What is the procedure for receiving food shipments; who will be responsible for checking temperatures, and inspecting containers for damage. (Sec. 166)

\_\_\_\_\_

\_\_\_\_\_

a. What is the anticipated frequency of food deliveries for:

Frozen \_\_\_\_\_ Fresh \_\_\_\_\_ Dry \_\_\_\_\_

### **FOOD PREPARATION**

3. If foods are prepared a day or more in advanced, please list them here. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated (e.g. sushi, lettuce, buns, etc.)? (Sec. 171)

\_\_\_\_\_

\_\_\_\_\_

5. Describe your date marking system for potentially hazardous ready-to-eat foods. (Sec. 191)

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\_\_\_\_\_

6. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F-135°F) during preparation. (Sec. 189)

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7. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food (e.g. frozen meat). (Sec. 199)

PROCESS	TYPES OF FOOD
Refrigeration	
Running water less than 70°F	
Microwave as part of the cooking process	
Cook from frozen	
Other (describe)	

8. Provide a list of the types of food that will need to be cooled and the process that will be used to cool each of these foods (e.g. leftovers). (Sec. 189, 190)

PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice and water bath	
Reduced volume (quartering a large roast)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

9. Will all produce be washed prior to use? (Sec. 175) Yes \_\_\_\_\_ No \_\_\_\_\_

a. If no, why? \_\_\_\_\_

10. What procedures will be in place to ensure that foods are reheated to 165°F or above? (Sec. 188)

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11. Will a buffet be served? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? (Sec. 181)

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12. Is all food prepared and cooked within the facility? (Sec. 203) Yes \_\_\_\_\_ No \_\_\_\_\_

## ***HOT AND COLD HOLDING***

13. What foods will be held in the temperature danger zone (41 F to 135 F) and how will the food be marked to discard within 4 hours? (Sec.193)

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14. Will raw animal food(s) be offered to the public in an undercooked form (e.g. sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc..)? Yes \_\_\_\_\_ No \_\_\_\_\_

15. How will the menu be marked with the consumer warning? (Sec. 196)

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16. Who (e.g. line cook, kitchen manager, etc.) will be assigned the responsibility of taking food temperatures and at what points will temperatures be taken (e.g. cooking, cooling, reheating, and hot holding)? (Sec. 119)

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17. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in refrigeration unit(s) (e.g. walk in coolers, under the counter coolers). (Sec. 173)

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## ***SANITIZATION***

18. What type of chemical sanitizer(s) will the facility use? (Sec. 294)

*Will Quaternary or Chlorine sanitizer be used?*

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19. What type of sanitizer test strips will be provided? (Sec. 291)

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20. Dishwashing methods (Sec. 269) (check one or both): Three compartment sink \_\_\_\_\_ Dish machine \_\_\_\_\_

21. If a dish machine is used, which sanitizing method will you use: Hot water \_\_\_\_\_ Chemical \_\_\_\_\_

a. If hot water, do you have a booster heater? Yes \_\_\_\_\_ No \_\_\_\_\_

b. If hot water, how will you ensure that the unit is sanitizing the utensils? (Sec. 258, 303)

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22. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in a sink or put through a dishwasher be sanitized? (Sec. 303)

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23. Does your facility have enough drainboards/utensil racks/carts for the air-drying of equipment and utensils for either the three-compartment sink or the dish machine? (Sec. 289) \*Note: Describe below.

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### ***POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS***

24. Where will poisonous or toxic materials be stored (e.g. including the ones for retail sale)? (Sec. 439)

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25. Will all spray bottles be clearly labeled? (Sec. 438) Yes \_\_\_\_\_ No \_\_\_\_\_

### ***MISCELLANEOUS***

26. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (Sec. 423) Yes \_\_\_\_\_ No \_\_\_\_\_

27. How will linens be laundered? (Sec. 423) \_\_\_\_\_

28. What is your written employee health policy? (Sec. 120-123)

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### ***WATER SUPPLY***

29. Is the water supply private (\_\_\_\_) or public (\_\_\_\_)? If public, skip question #30.

30. If private, has the source been tested? (Sec. 327) Yes \_\_\_\_\_ No \_\_\_\_\_

a. If so, when was the last test \_\_\_\_\_ and did you send us a copy of the lab results? Yes \_\_\_\_\_ No \_\_\_\_\_

### ***WASTE WATER/SEWAGE DISPOSAL***

31. Is the establishment on a public sewage disposal system? public (\_\_\_\_) or private (\_\_\_\_) (Sec. 376)

Grease traps and Interceptors:

Grease Traps and Interceptors approval must be obtained by way of signature from the Terre Haute Wastewater Utility Pretreatment Department, 232-6564.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***HANDWASHING/TOILET FACILITIES***

32. Are hot and cold-water fixtures provided at every sink? (Sec. 342) Yes \_\_\_\_\_ No \_\_\_\_\_

33. Handwashing sinks are required in each food preparation, food dispensing, warewashing area, and toilet room.

a. How many handwashing sinks will be provided? (Sec. 344) \_\_\_\_\_

34. Are all toilet room doors self-closing where applicable? (Sec. 352) Yes \_\_\_\_\_ No \_\_\_\_\_

35. Is a covered receptacle provided for employee restrooms? (Sec. 351) Yes \_\_\_\_\_ No \_\_\_\_\_

### ***PERSONAL BELONGINGS***

36. Are separate dressing rooms/lockers provided? (Sec. 417) Yes \_\_\_\_\_ No \_\_\_\_\_

37. Describe the storage location for employees' coats, purses, medicines, and lunches. (Sec. 418, 422)

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38. Where is the designated area for employees to eat, drink, and use tobacco? (Sec. 136)

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39. Where will first aid supplies be stored? (Sec. 421) \_\_\_\_\_

### ***ROOM FINISH SCHEDULE***

40. Please indicate which materials (e.g. quarry tile, stainless steel, plastic cove molding, etc.) will be used in the following areas. (Sec. 402)

AREA	FLOOR	COVING	WALL	CEILING
KITCHEN				
CONSUMER SELF SERVICE				
SERVING LINE				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE STORAGE				
MOP/SERVICE SINK AREA				
DISHWASHING				
OTHER				

## ***EQUIPMENT***

41. Will all of the equipment meet the design and construction standards (for example, it is durable, corrosion-resistant, nonabsorbent, smooth, and easily cleanable)? (Sec. 205) Yes \_\_\_\_\_ No \_\_\_\_\_

42. Will all utensils and food storage containers be made from food-grade quality materials? (Sec. 205)  
Yes \_\_\_\_\_ No \_\_\_\_\_

43. How is the ventilation hood cleaned and how often? (Sec. 310)

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44. Will each refrigeration unit have a thermometer? (Sec. 256) Yes \_\_\_\_\_ No \_\_\_\_\_

45. Will a probe thermometer be provided to measure the internal temperature of food? (Sec. 257)  
Yes \_\_\_\_\_ No \_\_\_\_\_

46. How will food on display be protected from consumer contamination? (Sec. 179)

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## ***INSECT AND RODENT HARBORAGE***

47. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (Sec. 413)  
Yes \_\_\_\_\_ No \_\_\_\_\_

48. Will screens be provided on any open windows/doors to the outside? (Sec. 413) Yes \_\_\_\_\_ No \_\_\_\_\_

a. Will air curtains be installed; if so, where? (Sec. 413) \_\_\_\_\_

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49. Will all pipes and electrical conduit chases be sealed (e.g. ventilation and plumbing systems)? (Sec. 403, 414)  
Yes \_\_\_\_\_ No \_\_\_\_\_

50. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions? (Sec. 426)  
Yes \_\_\_\_\_ No \_\_\_\_\_

51. What pest control service do you plan to use?

Company Name \_\_\_\_\_

## ***REFUSE AND RECYCLABLES***

52. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on? (Sec. 382)

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*STATEMENT:* I hereby certify that the above information is correct, and I fully understand that any deviation from the above without permission from the Vigo County Health Department may nullify final approval.

**Signature(s):**

\_\_\_\_\_  
**Owner / Operator (Printed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Owner / Operator (Signature)**

\_\_\_\_\_  
**Date**

*Approval of these plans and specifications by the Vigo County Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment will be necessary to determine if it complies with the local and state laws governing food establishments.*



## VIGO COUNTY HEALTH DEPARTMENT

Environmental Health Division

147 Oak Street • Terre Haute, Indiana 47807

Phone (812) 462-3281 • Fax (812) 234-1010

January 5, 2008

Regarding: IC 16-42-5.2 Food Handler Certification

Dear Food Service Establishment:

Indiana Code 16-42-5.2 mandates food handler certification of at least one person who oversees food safety operations within **each** Indiana food establishment. Senate Bill 404, the proposal for food handler certification, was introduced to the legislature on behalf of representatives from Indiana's food industry and was adopted as 410 IAC 7-22 by the 2001 Indiana Legislature.

The requirements of having a "Certified Food Handler" became effective January 1, 2005. Standards developed by the Conference for Food Protection, and the American National Standards Institute, have been incorporated into this rule to establish a uniform standard for food handler certification recognized by all local and state health department jurisdictions in Indiana.

The state has approved the following exams for the certified food handler requirement:

<b>ServSafe</b> Indiana Restaurant and Hospitality Association, Debbie Scott (317) 673-4249 <a href="http://www.indianarestaurants.org">www.indianarestaurants.org</a>
<b>Food Safety Manager Certification Examination</b> The National Registry of Food Safety Professionals (800) 446-0257 <a href="http://www.nrfsp.com">www.nrfsp.com</a>
<b>Certified Professional Food Manager</b> Experior Assessments, LLC (800) 624-2736 <a href="http://www.experioronline.com">www.experioronline.com</a>

For the most up to date list please refer to  
[www.in.gov/isdh/regsvcs/foodprot/foodhandler/certificationrule.htm](http://www.in.gov/isdh/regsvcs/foodprot/foodhandler/certificationrule.htm)

For more information, you may wish to review rule 410 IAC 7-22. If you have questions, please contact a Vigo County Health Department food specialist at 812-462-3281.

Sincerely,

Travella J. Myers  
Environmental Health Supervisor